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## \*BIBDATASHEET\*

CONFIRMATION NO. 1748

Bib Data Sheet

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| <b>SERIAL NUMBER</b><br>10/015,265                                                                                                                                                                                                                                                                                                                | <b>FILING OR 371(c)<br/>DATE</b><br>12/12/2001<br><b>RULE</b>                                                     | <b>CLASS</b><br>704               | <b>GROUP ART UNIT</b><br>2655                                                                                                                                                                                                                                                      | <b>ATTORNEY<br/>DOCKET NO.</b><br>AUS920010820US1 |                                    |
| <b>APPLICANTS</b><br>Michael Wayne Brown, Georgetown, TX;<br>Joseph Herbert McIntyre, Austin, TX;<br>Michael A. Paolini, Austin, TX;<br>James Mark Weaver, Austin, TX;<br>Scott Lee Winters, Austin, TX;<br><br>** CONTINUING DATA *****<br><br>** FOREIGN APPLICATIONS *****<br><br>IF REQUIRED, FOREIGN FILING LICENSE GRANTED<br>** 01/24/2002 |                                                                                                                   |                                   |                                                                                                                                                                                                                                                                                    |                                                   |                                    |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged<br>Examiner's Signature _____ Initials _____                                           |                                                                                                                   | <b>STATE OR<br/>COUNTRY</b><br>TX | <b>SHEETS<br/>DRAWING</b><br>4                                                                                                                                                                                                                                                     | <b>TOTAL<br/>CLAIMS</b><br>40                     | <b>INDEPENDENT<br/>CLAIMS</b><br>6 |
| <b>ADDRESS</b><br>32329                                                                                                                                                                                                                                                                                                                           |                                                                                                                   |                                   |                                                                                                                                                                                                                                                                                    |                                                   |                                    |
| <b>TITLE</b><br>DESTINATION DEVICE INITIATED CALLER IDENTIFICATION                                                                                                                                                                                                                                                                                |                                                                                                                   |                                   |                                                                                                                                                                                                                                                                                    |                                                   |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>2152                                                                                                                                                                                                                                                                                                            | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                                   |                                    |